

P03000008861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

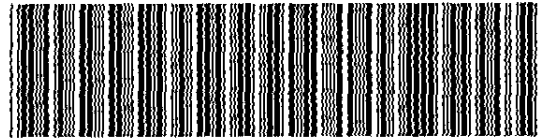
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900010115369

01/22/03--01073--012 **236.25

RECEIVED
03 JAN 22 AM 11:33
STATE
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

FILED
2003 JAN 23 PM 3:44

W03-192C

01-24-03
D

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. CASINO Medical Equipments, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

January 22, 2003

LAZARUS

SUBJECT: CASINO MEDICAL EQUIPMENTS, INC.
Ref. Number: W03000001920

We have received your document for CASINO MEDICAL EQUIPMENTS, INC. and your check(s) totaling \$236.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 403A00003588

RECEIVED
03 JAN 23 PM 3:35
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
OF
CASINO MEDICAL SUPPLIES & EQUIPMENTS, INC.

- I - NAME: The name of this Corporation is: *CASINO MEDICAL SUPPLIES & EQUIPMENTS, INC.*
- II - DURATION: This Corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida.
- III - PURPOSE: This Corporation is organized for the purpose of transacting any and all business permitted under the laws of the United States of the State of Florida.
- IV - CAPITAL STOCK: This Corporation is authorized to issue – ONE HUNDRED – (100) shares of –NO-- par value common stock, which shall be designated “Common Stock”.
- V - PREEMPTIVE RIGHTS: Every shareholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as that which he already holds shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.
- VI - INITIAL PRINCIPAL OFFICE, MAILING ADDRESS AND INITIAL REGISTERED OFFICE AND AGENT:

The street address of the initial principal and registered office of this Corporation is:

4169 N W 135TH STREET
MIAMI, FL 33054

and the name of the initial registered agent of this Corporation at the address is:

LUIS ALBERTO ESTRADA

VII - INITIAL BOARD OF DIRECTORS: The Corporation shall have --ONE -- (01) director(s) initially. The number of directors may be either increased or diminished from time to time by the bylaws but shall never be less than ONE (01). The name(s) and address of the initial director(s) of this Corporation is (are):

LUIS ALBERTO ESTRADA

3281 N W 171ST TERR.
MIAMI, FL 33056

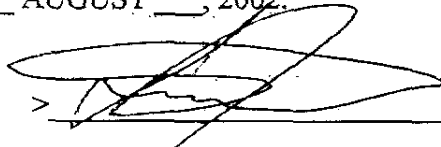
VII - INDEMNIFICATION: The Corporation shall indemnify any officer or director, or any former officer of director, to the full extent permitted by law.

IX - INCORPORATOR: The name(s) and address of the person(s) signing these articles is (are):

LUIS ALBERTO ESTRADA

3281 N W 171ST TERR.
MIAMI, FL 33056

IN WITNESS WHEREOF, the undersigned subscriber(s) has (have) executed the articles of incorporation this __ 26th __ day of __ AUGUST __, 2002.



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA, NAMING AGENT
UPONM WHOM SERVICE OF PROCESS MAY BE EFFECTIVE.

In compliance with Section 607.034 of the Florida Status, the following is submitted:

CASINO MEDICAL SUPPLIES & EQUIPMENTS, INC.


Desiring to organize or qualify under the laws of the State of Florida, with its principal
place of business in the City of -- MIAMI --, County of -- MIAMI-DADE --, State of
Florida, has named: LUIS ALBERTO ESTRADA, located at:

4169 N W 135TH STREET -- MIAMI, FL 33054

City of -- MIAMI --, County of -- MIAMI-DADE --, State of Florida, as its agent to
accept services of process within the State of Florida.

ACKNOWLEDGEMENT: Having been named to accept service of process for the above
mentioned Corporation, at the place designated in this Certificate, I hereby agree to act in
his capacity, and further agree to comply with the provisions of all statutes relative to the
proper and complete performance of my duties.

Dated this -- 26TH -- day of -- AUGUST --, 2002.


Resident and Registered agent
Luis Alberto Estrada

FILED
2002 JUL 23 PM 3:44
CLERK OF COURT
JUL 23 2002